



#29  
1-15-03

PATENT  
Attorney Docket No. 204920

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE  
BEFORE THE BOARD OF PATENT APPEALS AND INTERFERENCES

In re Application of:

James E. Ross et al.

Application No. 09/100,100

Filed: June 19, 1998

Art Unit: 2164

Examiner: Pedro R. Kanof

For: ~~MEDICAL RECORDS, DOCUMENTATION~~  
TRACKING AND ORDER ENTRY SYSTEM

RECEIVED  
JAN 03 2003  
GROUP 3600

APPELLANTS' APPEAL BRIEF

Commissioner for Patents  
Washington, D.C. 20231

Dear Sir:

Appellants hereby respectfully submit this brief on appeal to the Board of Patent Appeals and Interferences in support of Appellants' Appeal of the Final Office Action dated July 18, 2002. The Notice of Appeal was filed on September 19, 2002.

*Real Party In Interest*

The real party in interest is RLIS, Inc.

*Related Appeals and Interferences*

None.

*Status of Claims*

Claims 25-29 and 37-65 are pending in this application. Claims 1-24 and 30-36 were previously withdrawn from consideration. Claims 7-24 and 30-36 were withdrawn from consideration in response to a restriction requirement.

Claims 25-29 and 37-41 were last amended in Applicants' Amendment dated April 1, 2002. Claims 42-65 were added to the application in a Preliminary Amendment dated June 16, 2002.

Applicants have submitted herewith an amendment to claim 37 to remedy a clerical error.

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02 FC:2402 160.00 CH

*Status of Amendments*

An amendment to claim 37 is submitted herewith, entry of which is respectfully requested.

*Summary of Invention*

The invention generally relates to methods and computer systems that aid in the generation of patient medical documentation, and more particularly reports including medical language, from previously stored data. The invention addresses the problem of quickly, efficiently, and accurately generating patient medical records. The invention addresses this problem by combining patient data, input from potentially many peripheral data input sources, with appropriate stored sentences and phrases related to particular medical data, and rendering reports. The rendered reports thus contain sentences and paragraphs compiled from the patient data and stored sentences and phrases. The invention converts raw medical facts, stored for example in a database, into meaningful readable medical documentation pertaining to a patient by adding sentences and phrases giving context and meaning to the raw medical facts.

In accordance with the invention recited in claims 25 and 37, the method renders a report including medical language from previously stored data. Sets of sentences and phrases are stored in advance (pp.4, paragraph 4 through pp. 6, paragraph 3; pp. 12, paragraph 3; pp. 17, paragraph 3 through pp. 18, paragraph 1, detailing the Language Generation Module; drawing sheets, figures 2 and 3; pp. 40-47 demonstrating actual medical records produced by the claimed invention). Patient data, such as blood pressure, temperature, and observed symptoms are input and stored in a table (demonstrated on medical record, pp. 46 and 47, and described on pp. 6, paragraph 3; pp. 21, paragraph 2, Module 111; and pp. 32, paragraph 5). Thereafter, a report rendering component combines the sentences and phrases with the tabled patient data to generate structured sentences incorporating the patient data (demonstrated on pp. 40-45; described on pp. 17-18).

With regard to claims 26, 38 and 43, the sentences are arranged in a medically appropriate order (pp. 36, paragraph 4 through pp. 37, paragraph 1).

With regard to claims 27 and 39, the report rendering component combines automatically generated medical text with patient-related stored text (pp. 36, paragraph 4 through pp. 37, paragraph 1).

With regard to claims 28, 40 and 44, the report rendering component inserts headline and sub headlines in the report (pp. 36, paragraph 4 through pp. 37, paragraph 1).

With regard to claims 29 and 41, the reports are rendered in a variety of fonts (pp. 36, paragraph 4 through pp. 37, paragraph 1).

Independent claims 42 and 55 are similar to claims 25 and 37, but include particular types of information incorporated into rendered medical documentation. Claim 42 recites multiple pieces of information associated with a medical information record: input text of the type generally associated with dictation (pp. 5, paragraph 3; pp. 12, paragraph 1; and pp. 17,

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Language Module description), pre-phrased text (pp. 6, paragraph 2; pp. 12, paragraph 3; and pp. 17, Language Module description), and medical data facts (pp. 6, paragraph 3; pp. 12, paragraph 1; pp. 17, Language Module description). Inputs relating to the types of information are received by an interface (pp. 5, paragraph 2; pp. 17, Language Module description; pp. 20, Patient History Module description; pp. 21, Nursing Notes Module description; pp. 29, paragraphs 2 and 3; combined with drawing sheets, figures 2 and 3). A particular type of document is identified (triage document, nursing note document, or general medical record document as demonstrated on pages 40-47 and page 50; pp. 1, paragraph 2; pp. 5, paragraph 2; pp. 19, Triage Module description; pp. 20, Patient History Module description; pp. 21, Nursing Notes Module description; and page 26, section 127 describing the Medical Summary Module), and a computer system generates a medical document in accordance with a document specification corresponding to the document type identification. The resulting document includes the input text (dictation type), pre-phrased text, and medical data facts (as demonstrated on pages 40-47 and page 50; and described on pages 35, paragraphs 2-5; page 36, paragraph 4 through page 37, paragraph 1). The specifically recited three distinct information types facilitate providing a more complete set of automatically generated text that facilitates automated generation of relatively standardized, accurate, detailed, and complete medical documentation based upon a patient visit/consultation. As such, the invention is very valuable to the medical profession which strives to meet the above-identified goals in its medical records, but has previously failed.

With regard to claims 45 and 56, the pieces of information are arranged based upon the document type (triage document, nursing note document, or general medical record document as demonstrated in medical record examples on pages 40-47 and page 50; and described on pages 19 for triage, 20 for general patient history, and page 21 for nursing notes; and page 26, section 127 describing the Medical Summary Module).

With regard to claims 46 and 57, the document type is specifically a patient medical report (general medical record document as demonstrated in medical record examples on pages 40-47; and described on page 20 for general patient history).

With regard to claims 47 and 58, the document type is specifically a triage record (triage record document as demonstrated in triage record example on page 50; and described on page 19 for triage record generation; and page 31, lines 9-18).

With regard to claims 48 and 59, the document type is nurses notes (nursing note document as demonstrated in nursing note example on pages 46-47; and described on page 21 for nursing notes record generation).

With regard to claims 49 and 60, the medical text is generated based upon medical data facts (page 17, lines 20-22; page 26, section 127 describing the Medical Summary Module; and page 32, lines 18-22).

With regard to claims 50 and 61, an editing tool enables a user to modify the pre-phrased text placed within a medical document (page 6, second paragraph; page 21, Prephrased Text Module description; and page 35, last paragraph).

With regard to claims 51 and 62, input is driven by a set of input modules that drive a user interface for prompting input to the system (page 20, second paragraph; page 20, last paragraph to page 21, first paragraph).

With regard to claims 52 and 63, a security mechanism limits user access (page 6, last paragraph to page 7, first paragraph; and pages 14-15, Security Validation Module description; and page 29, third paragraph).

With regard to claims 53 and 65, the input is time stamped (page 36, first paragraph; page 14, lines 21-22).

With regard to claims 54 and 64, the user-source of input data is recorded (page 14, lines 21-22).

### *Issues*

Whether it would have been obvious to one of ordinary skill in the relevant art at the time of the invention to combine the teachings of Amado (PCT WO 96/27837) in view of Dr. Morris F. Collen, *Hospital Computer Systems* (pp. 94-104 and 198-203), in a manner as stated in paragraph 5 of the Final Office Action, to render claims 25-27, 37-39, 42-45, 51, 55, 56 and 62 unpatentable under 35 U.S.C. Section 103(a).

Whether it would have been obvious to one of ordinary skill in the relevant art at the time of the invention to combine the teachings of Amado (PCT WO 96/27837) in view of Dr. Morris F. Collen, *Hospital Computer Systems* (pp. 94-104 and 198-203), in a manner as stated in paragraph 6 of the Final Office Action, to render claims 28, 29, 40, 41, 46, 48-50, 52-54, 57, 59-61 and 63-65 unpatentable under 35 U.S.C. Section 103(a).

Whether it would have been obvious to one of ordinary skill in the relevant art at the time of the invention to combine the teachings of Amado (PCT WO 96/27837) in view of Dr. Morris F. Collen, *Hospital Computer Systems* (pp. 94-104 and 198-203) and Tallman et al., U.S. Patent No. 5,764,923, in a manner as stated in paragraph 7 of the Final Office Action, to render claims 47 and 58 unpatentable under 35 U.S.C. Section 103(a).

#### *Grouping of Claims*

The claims do not stand or fall together. However, for purposes of simplifying this appeal, the claims are grouped according to the grouping utilized in the Final Office Action. The separate grounds for the patentability of the inventions set forth in each of the groups is addressed in the argument section.

Group I	25-27, 37-39, 42-45, 51, 55, 56 and 62
Group II	28, 29, 40, 41, 46, 48-50, 52-54, 57, 59-61 and 63-65
Group III	47 and 58

#### *Argument*

In summary of Applicants' argument on appeal, Amado, the primary reference upon which the Final Office Action relies, concerns an artificial intelligence-based utility that is applied to a first database to render a second database of/including diagnostics. See, Abstract, p. 3, ll. 5-10. Amado analyzes, using artificial intelligence, input financial/business performance data to make analytical decisions and report them to managers and other relevant users. Amado digests data and renders decisions based upon the digested data. The decisions are made available in the second database. The scope of such decisions, i.e., financial/business planning, is disclosed in the exemplary graphical user interfaces set forth in FIGs. 4-14 of Amado.

Amado has no applicability to the presently claimed invention. The presently claimed invention concerns rendering medical reports and documentation from medical data and supplementary sources of medical text. The supplementary sources of medical text, rather than replace the medical data, supplement and make the medical data more understandable to readers.

The claimed invention renders human-readable documentation concerning a patient that preserves/presents the original medical data. In fact Amado, by digesting/hiding underlying detailed data from users, suggests an effect that is diametrically opposite to Applicants' invention.

The secondary references, rather than suggesting modifications to the Amado reference to render Applicants' claimed invention, bolster Applicants' non-obviousness position. The Collen reference identifies a number of computer applications relating to the medical field as of 1974. None of the summarized known systems reviewed by the Collen reference discloses or suggests the invention claimed by Applicants. Nor have searches of the issued prior art patents revealed Applicants' invention. Given the potential value of Applicants' invention and the wide spectrum of interest in computer applications in the medical field since the 1970's, the absence of Applicants' invention in the prior art is ample evidence of its non-obviousness. Finally, the Tallman et al. patent discloses a "triage" encounter, yet does not disclose or suggest creating a triage report of the kind recited in Applicants' claims. These arguments, as well as others, are discussed further herein below.

**Group I (claims 25-27, 37-39, 42-45, 51, 55, 56 and 62)**

The claims of Group I have been rejected as obvious over Amado in view of Collen, Hospital Computer Systems.

For the reasons set forth herein, the Final Office Action did not present a *prima facie* showing of obviousness and, therefore, the rejection of independent claims 25, 37, 42, and 55 should be withdrawn. With specific reference to the rejection of claims 25 and 37 at page 3 of the Final Office Action, as Applicants stated above, Amado does not disclose a method for rendering a report including medical language from previously stored data. Applicants traverse the reasoning of the Final Office Action to the extent that it asserts that Amado, in any way, discloses the steps of:

- storing sentences and phrases related to medical data,
- inputting patient data (through/at any input device),
- transferring the patient data to a server that tables the patient data,
- transferring the patient data to a report rendering component, and
- compiling sentences and paragraphs, by the report rendering component, from the stored sentences and phrases and the tabled patient data.

Applicants note that the above recited steps are a paraphrase of Applicants' own claims, yet they are a fair summary of the elements of claims 25 and 37. They illustrate Applicants' point that Amado, in no way, discloses anything having to do with medical data report generation. As explained previously herein above, Amado concerns digesting a database of financial/business performance data, and rendering conclusions from that input performance data. The resulting conclusions (diagnostics) mask the underlying mass of raw data from which the conclusions are drawn. In contrast, the claimed invention is directed to taking raw input patient data, and making the raw data itself available to a user in a more presentable form. The recited invention achieves this result through the recited "compiling" step wherein sentences and phrases *supplement* the tabled patient data. Nowhere does Amado even remotely suggest modifying its *business* diagnostics database rendering system to achieve this result. Thus, Amado does not disclose a single one of the elements recited in independent claims 25 and 37.

The Final Office Action asserts that Collen (*Hospital Computing Systems*) discloses "creating structured medical reports and stored sentences and phrases." Applicants do not contest that various ones of the hospital computer systems render reports relating to the medical profession and that such systems stored sentences and phrases. However, notwithstanding such teaching in Collen, there is no suggestion to combine the teachings of Amado and Collen to render the recited steps of Applicants' claimed invention. To the extent there is any suggestion to incorporate the Collen teachings into Amado, the resulting systems would operate as "diagnostic" database generating systems that consume the input raw data (relating to the various types of information maintained by each reviewed hospital computing system) and render analytical diagnostics information that is then stored in a second database. In each such system, underlying medical facts (e.g., tests performed, test results, specific information, etc.) are lost, as the system suggested by the combination of Amado and Collen renders statistical conclusions/trends from the underlying hospital system data. As mentioned previously above, such a system is the antithesis of Applicants' disclosed and claimed invention which seeks to preserve and present the underlying patient data/medical facts in context-based documentation/reports through the addition of sentences and phrases related to the underlying patient data/medical facts.

With regard to the rejection of the dependent claims of claims 25 and 37, Applicants reserve the right to traverse/disprove the assertions of the Final Office Action in the event that the claims from which they depend are shown to be unpatentable over the prior art. In particular,

Applicants at least reserve the right to argue that the claimed combinations are neither suggested nor disclosed by the prior art.

With regard to the rejection of independent claims 42 and 55. Claims 42 and 55, like claims 25 and 37, are directed to rendering patient medical documentation from a combination of medical data facts, pre-phrased text, and input text (e.g., transcribed dictation). The claimed subject-matter of claims 42 and 55 is generally subsumed by claims 25 and 37 discussed above. Applicants traverse the specific assertion in the Final Office Action that: Amado, at page 7, lines 6-20, discloses the recited "medical data facts"; Amado at page 7, lines 21-33 discloses the recited "first inserting the input text at locations within the patient medical document in accordance with a text type ..."; Amado at page 8, line 21 to page 9, line 8, discloses "second inserting text corresponding to the pre-phrased text retrieved from an electronic data storage apparatus"; and Amado at page 33, line 29 to page 34, line 9, discloses "third inserting text generated in accordance with the medical data facts." The basis for Applicants' traversal is based at least upon Amado's lack of disclosure of medically related information/text/reports.

The Final Office Action asserts that the Amado, when combined with Collen's *HCS*, renders claims 42 and 55 obvious. However, as explained previously hereinabove, such combination suggests modifying Amado to render diagnostic conclusions from a plurality of analyzed hospital patient-related reports and storing those conclusions in a second database. In no way does such combination suggest the claimed method and system for rendering the claimed reports and documentation. For at least this reason, claims 42 and 55, and all related dependent claims, are not rendered obvious by Amado, as modified by Collen's *HCS*.

With regard to the rejection of the dependent claims of claims 42 and 55, Applicants reserve the right to traverse/disprove the assertions of the Final Office Action in the event that the claims from which they depend are shown to be unpatentable over the prior art. In particular, Applicants at least reserve the right to argue that the claimed combinations are neither suggested nor disclosed by the prior art.

## **Group II (claims 28, 29, 40, 41, 46, 48-50, 52-54, 57, 59-61 and 63-65)**

The rejection of each of the claims in Group II is based at least in part upon Official Notice. Applicants have previously requested citation of an actual reference in each instance in order to at least assess whether, in fact, the prior art suggests such a combination (as opposed to picking and choosing among elements known to exist in the prior art). To date, no such references have been provided. Applicants reserve the right to challenge any such combinations



in the future to the extent that they are not suggested by the prior art references themselves and instead result from observed advantages disclosed in the application that are provided by the claimed invention.

**Group III (claims 47 and 58)**

Claims 47 and 48 are rejected based upon the combination of Amado, Collen's *HCS*, and Tallman et al. Tallman et al. is referenced for its teaching of "triage". However, rather than teaching the claimed "triage record" generation, Tallman et al. discloses a "triage encounter" and describes how to execute such an encounter. The combination of the cited references does not teach the creation of a triage record according to the recited steps set forth in the claims from which claims 47 and 58 depend.

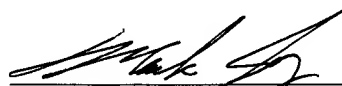
*The Appealed Claims*

The claims are set forth in the Appendix attached hereto.

*Conclusion*

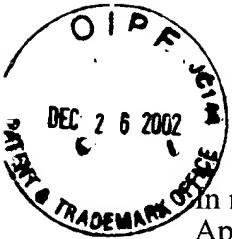
In both office actions preceding this appeal, there has been an absence of recognition that the claimed invention recites an invention including a method and system for generating medical documentation (e.g., a patient record) that combines medical facts and supplemental language to provide context to the medical facts. The subject-matter of the claimed invention is not obvious over the prior art known to Applicants and recited in the Final Office Action. Accordingly, Appellants respectfully submit that the rejections of the pending claims do not present a *prima facie* case of obviousness and should be reversed.

Respectfully submitted,



Mark Joy, Reg. No. 35,562  
LEYDIG, VOIT & MAYER, LTD.  
Two Prudential Plaza, Suite 4900  
180 North Stetson  
Chicago, Illinois 60601-6780  
(312) 616-5600 (telephone)  
(312) 616-5700 (facsimile)

Date: December 19, 2002



In re Appln. of James E. Ross et al.  
Application No. 09/100,100

## APPENDIX

U.S. Patent Appl. No. 09/100,100  
Pending Claims (25-29 and 37-65) as of 12/13/02

25. A method for rendering a report including medical language from previously stored data, said method comprising:

storing sentences and phrases related to medical data,

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inputting patient data at a peripheral data input device,

transferring the patient data from the peripheral data input device to a server

communicatively coupled to the peripheral data input device and tabling the patient data at the server,

transferring the tabled patient data from the server to a report rendering component, and

compiling sentences and paragraphs by the report rendering component from the stored sentences and phrases and the patient data, whereby stored medical facts associated with the input patient data are converted into sentence structure.

26. The method of claim 25, further comprising rearranging the medical facts compiled into sentence structure into a medically appropriate order.

27. The method of claim 26, further comprising consolidating, by the report rendering component, automatically generated medical English text with patient-related stored text.

28. The method of claim 27, further comprising inserting, by the report rendering component, headlines and sub headlines within the report.

29. The method of claim 27, further comprising modifying, in accordance with programmed report generation instructions, the font of text within particular portions of the report to use of bold, italic, and larger text sizes to emphasize important medical sections or information.

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37. A method for rendering a report including medical language from previously stored data, said method comprising

- storing sentences and phrases related to medical data,
- inputting patient data via a data input device,
- transferring the patient data to a server and tabling the patient data,
- transferring the tabled patient data to the a report rendering component, and
- compiling sentences and paragraphs by the report rendering component from the stored sentences and phrases and the patient data, and thereby converting stored medical patient data, including the input patient data, into medical facts in sentence structure.

38. The method of claim 37, further comprising rearranging the medical facts compiled into sentence structure into a medically appropriate order.

39. The method of claim 38, further comprising consolidating, by the report rendering component, generated medical text with patient-related stored text including dictated transcripts.

40. The method of claim 39, further comprising inserting, by the report rendering component, headlines and sub headlines in the generated medical text where appropriate.

41. The method of claim 40, further comprising modifying, in accordance with programmed report generation instructions, the font of text within particular portions of the report to use bold, italic, and larger text sizes to emphasize important medical sections or information in the generated medical text.

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42. A method for computer-aided generation of patient medical documentation assembled from a combination of sources including user supplied text, system supplied pre-phrased text retrieved from a database in accordance with a specified pre-phrased text identifier, and text generated from input medical data facts, said method comprising the steps of:

associating multiple pieces of information regarding a patient with a patient medical information record, the multiple pieces of medical information comprising:

input text of the type generally arising from transcribed dictation,

pre-phrased text retrieved from an electronic data storage apparatus and associated with a pre-phrased text identifier, and

medical data facts,

wherein inputs relating to the multiple pieces of information regarding the patient are received by a medical information input interface providing random access to at least one of a set of medical information fields associated with the patient medical information record;

receiving an identification of a patient medical document type; and

generating, by a computer system under software control, a patient medical document based upon at least a portion of the multiple pieces of information regarding the patient and an information specification corresponding to the patient medical document type identification that specifies the portion of the multiple pieces of information to be included in the patient medical document, said generating step comprising, in any order:

first inserting the input text at locations within the patient medical document in accordance with a text type associated with each distinguished portion of the input text,  
second inserting text corresponding to the pre-phrased text retrieved from ~~an~~ *said* electronic data storage apparatus, and  
third inserting text generated in accordance with the medical data facts.

43. The method of claim 42 wherein the text generated in accordance with the medical data facts is generated in accordance with a medically logical sequence.

44. The method of claim 42 wherein the step of generating a patient medical document further comprises generating heading text in accordance with the patient medical document type designation.

45. The method of claim 42 wherein the step of generating a patient medical document further comprises arranging the multiple pieces of information regarding the patient in accordance with the medical document type designation.

46. The method of claim 45 wherein the patient medical document is a patient medical report.

47. The method of claim 45 wherein the patient medical document is a triage record.

48. The method of claim 45 wherein the patient medical document comprises nurse notes.

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49. The method of claim 42 wherein the text generated in accordance with the medical data facts is medical text.

50. The method of claim 42 further comprising providing an editing tool to modify specified pre-phrased text.

51. The method of claim 42 further comprising providing a set of selectively activated input modules facilitating prompted input of information relating to care for a patient.

52. The method of claim 42 further comprising providing a security mechanism facilitating limiting access to particular users.

53. The method of claim 42 further comprising recording a time at which a particular piece of information is submitted for a patient medical record.

54. The method of claim 53 further comprising recording an identity of a logged on user that supplied a particular piece of information stored in the patient medical information record.

55. A system for computer-aided generation of patient medical documentation assembled from a combination of sources including user supplied text, system supplied pre-phrased text retrieved from a database in accordance with a specified pre-phrased text identifier, and text generated from input medical data facts, said system comprising:

computer executable database software for associating multiple pieces of information regarding a patient with a patient medical information record, the multiple pieces of medical information comprising:

input text of the type generally arising from transcribed dictation,  
pre-phrased text retrieved from an electronic data storage apparatus and  
associated with a pre-phrased text identifier, and  
medical data facts,

wherein inputs relating to the multiple pieces of information regarding the patient are received by a medical information input interface providing random access to at least one of a set of medical information fields associated with the patient medical information record; and

computer executable document generation software for receiving an identification of a patient medical document type, and in response generating a patient medical document based upon at least a portion of the multiple pieces of information regarding the patient and an information specification corresponding to the patient medical document type identification that

specifies the portion of the multiple pieces of information to be included in the patient medical document, said generating a patient medical document comprising, in any order:

first inserting the input text at locations within the patient medical document in accordance with a text type associated with each distinguished portion of the input text,

second inserting text corresponding to the pre-phrased text retrieved from an electronic data storage apparatus, and

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third inserting text generated in accordance with the medical data facts.

56. The system of claim 55 wherein the computer executable document generation software includes software instructions for arranging the multiple pieces of information regarding the patient in accordance with the medical document type designation.

57. The system of claim 56 wherein the patient medical document is a patient medical report.

58. The system of claim 56 wherein the patient medical document is a triage record.

59. The system of claim 56 wherein the patient medical document comprises nurse notes.

60. The system of claim 55 wherein the text generated in accordance with the medical data facts is medical text.



61. The system of claim 55 further comprising an editing software utility facilitating modifying specified pre-phrased text.

62. The system of claim 55 further comprising a set of selectively activated input modules facilitating prompted input of information relating to care for a patient.

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63. The system of claim 55 further comprising a security mechanism facilitating limiting access to particular users.

64. The system of claim 63 wherein the security mechanism includes executable software for recording an identity of a logged on user that supplied a particular piece of information stored in the patient medical information record.

65. The system of claim 63 further comprising computer software for recording a time at which a particular piece of information is submitted for a patient medical record.



PATENT  
Attorney Docket No. 204920

SAF/2164  
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE  
BEFORE THE BOARD OF PATENT APPEALS AND INTERFERENCES

In re Application of:

James E. Ross et al.

Art Unit: 2164

Application No. 09/100,100

Examiner: Pedro R. Kanof

Filed: June 19, 1998

For: MEDICAL RECORDS,  
DOCUMENTATION TRACKING AND  
ORDER ENTRY SYSTEM

RECEIVED

JAN 03 2003

TRANSMITTAL OF  
APPELLANTS' APPEAL BRIEF

GROUP 3600

Commissioner for Patents  
Washington, D.C. 20231

Dear Sir:

In accordance with 37 CFR 1.192, appellants hereby submit Appellants' Brief on Appeal in triplicate.

The items checked below are appropriate:

1. Status of Appellants

This application is on behalf of ☐ other than a small entity or ☒ a small entity.

The verified statement ☐ is attached or ☒ was filed on June 19, 1998.

2. Fee for Filing Brief on Appeal

Pursuant to 37 CFR 1.17(e), the fee for filing the Brief on Appeal is for: ☐ other than a small entity or ☒ a small entity.

Brief Fee Due \$160.00

3. Oral Hearing

☐ Appellants request an oral hearing in accordance with 37 CFR 1.194.

CERTIFICATE OF MAILING

I hereby certify that this document (along with any documents referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231.

Date: December 19, 2002

*James G. Arhos*

09100100

00000050 121216

12/31/2002 CW0111

55.00 CH

01 FC:2251

In re Appln. of James E. Ross et al.  
Application No. 09/100,100

**4. Extension of Time**

- ☒ Appellants petition for a one-month extension of time under 37 CFR 1.136, the fee for which is \$55.00.
- ☐ Appellants believe that no extension of time is required. However, this conditional petition is being made to provide for the possibility that appellants have inadvertently overlooked the need for a petition and fee for extension of time.

**Extension fee due with this request: \$55.00**

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**5. Total Fee Due**

The total fee due is:

Brief on Appeal Fee	\$160.00
Request for Oral Hearing	\$ 0.00
Extension Fee (if any)	\$55.00


**Total Fee Due: \$215.00**

**6. Fee Payment**

- ☐ Attached is a check in the sum of \$ .
- ☒ Charge Account No. 12-1216 the sum of \$215.00. A duplicate of this transmittal is attached.

**7. Fee Deficiency**

- ☒ If any additional fee is required in connection with this communication, charge Account No. 12-1216. A duplicate copy of this transmittal is attached.

  
Mark Joy, Reg. No. 35,562  
LEYDIG, VOIT & MAYER, LTD.  
Two Prudential Plaza, Suite 4900  
180 North Stetson  
Chicago, Illinois 60601-6780  
(312) 616-5600 (telephone)  
(312) 616-5700 (facsimile)

Date: December 19, 2002